

## BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

301 South Park, Room 430  
P.O. Box 200513  
Helena, Montana 59620-0513  
(406) 841-2387 FAX: (406) 841-2309  
EMAIL: [dlbdsdpsp@mt.gov](mailto:dlbdsdpsp@mt.gov)  
WEB SITE: [www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

### APPLICATION PROCESS FOR LICENSURE

Please allow 14 to 21 days to process a complete application from the time it is received in the board office. If application is incomplete, or fingerprints are rejected it will take more time.

**LICENSURE REGISTRATION TYPES:**

<b>(SG)</b>	Security Guard
<b>(AI)</b>	Alarm Installer
<b>(ARR)</b>	Alarm Response Runner

**LICENSURE ENDORSEMENTS:**

<b>(AR)</b>	Armed (security guards only)
-------------	------------------------------

#### **LICENSING REQUIREMENTS:**

- Must be at least 18 years of age
- Must be a citizen of the United States
- Must be employed – as applicable – by a licensed contract security company, proprietary security organization, or an electronic security company.

#### **FEES FOR LICENSURE:**

SG, AI, ARR .....	\$25.00
FBI Fingerprint Processing Fee .....	\$24.00
Dept. of Justice Fingerprint Processing Fee .....	\$10.00
Armed Endorsement (security guards only).....	\$25.00

- **Make check or money order payable to the Montana Board of Private Security**
- **DO NOT SEND CASH**

**APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS:** The following information and/or documentation is required. A license will not be issued until all materials are received and approved:

- Completed application form and fees.
- Completed fingerprint card.
- A full-face photograph of head and shoulders.
- Scanning Input Form with signature and photograph of applicant attached in space provided.
- A list of employment for the past five (5) years by occupation, time employed, name and address of employer. Include periods of unemployment, semi-retirement, student enrollment, etc. Do not leave any gaps in the 5-year work history.
- Proof of training by employer.
- If requesting Armed status, must submit written notice of satisfactory completion of a Board certified firearms training program and fee.

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR SECURITY GUARDS, ALARM INSTALLERS,  
AND ALARM RESPONSE RUNNERS ON OUR WEBSITE:

[www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

EMAIL: [dlibsdp@mt.gov](mailto:dlibsdp@mt.gov)  
WEB SITE: [www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

Date Issued

HEIGHT	WEIGHT	EYES	HAIR
--------	--------	------	------

NAME & ADDRESS OF EMPLOYER	YOUR POSITION	DATE (FROM-TO)
----------------------------	---------------	----------------

12. Are you a high school graduate or its equivalent? ☐ Yes ☐ No

**Please answer the following questions. If you answer yes, attach a detailed explanation identifying each occasion, the date and substance of the allegation, all agency documents, orders, final orders, stipulations and consent and/or settlement agreements.**

13. Has a licensing agency ever taken adverse or disciplinary action against your license? ☐ Yes ☐ No
14. Has your license ever been forfeited or surrendered? ☐ Yes ☐ No
15. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? ☐ Yes ☐ No
16. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation? ☐ Yes ☐ No
17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? ☐ Yes ☐ No
18. Do you have criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit charges or convictions prior to your 16<sup>th</sup> birthday. ☐ Yes ☐ No
19. Have you ever been charged with fraud, formally or informally, in any civil proceeding? ☐ Yes ☐ No
20. Have you any physical or mental condition, which has adversely affected your ability to practice this occupation/profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? ☐ Yes ☐ No
21. Have you used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation? ☐ Yes ☐ No
22. Have you had any traffic violations in the past five years. If yes, list all violations on a separate sheet of paper. ☐ Yes ☐ No
23. Do you currently hold any type of license in Montana or another state? If yes, provide the following: ☐ Yes ☐ No

State/Province/Territory	License Number	Date Issued	Is It Current		Type of License
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

20. List three references below, not related by blood or marriage. Two of the three being a former employer, individual, or firm with whom you had a working contractual agreement or had knowledge of the agreement or working relationship.

Name of Reference	Relationship	Phone Number

**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana private security license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

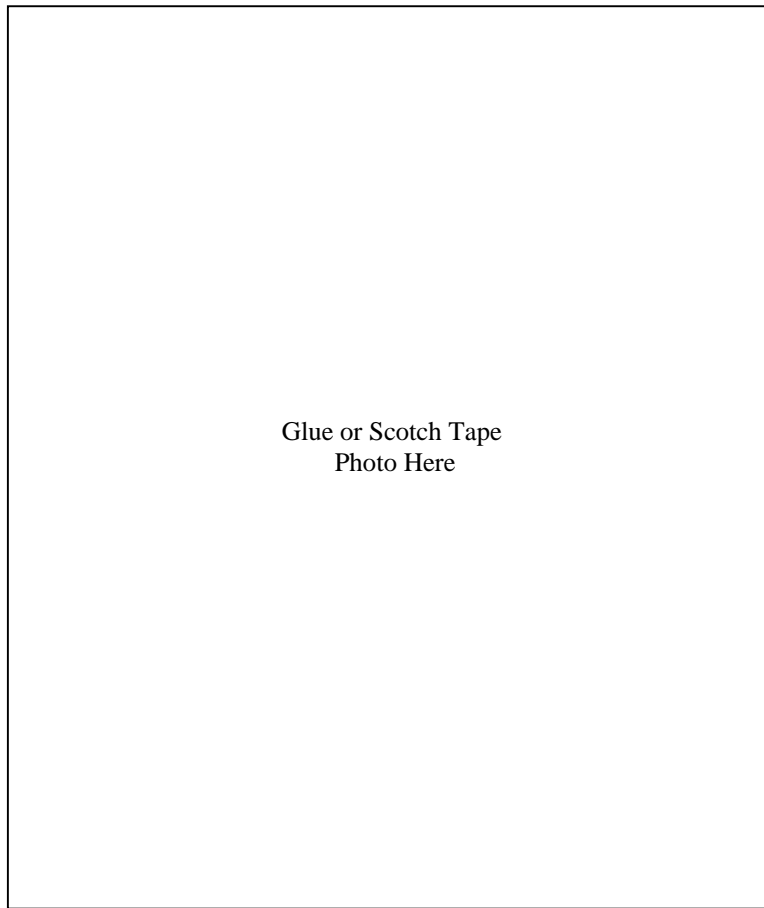
SEAL

\_\_\_\_\_  
For the State of


My commission expires \_\_\_\_\_, \_\_\_\_\_.

STATE OF MONTANA - DEPARTMENT OF LABOR AND INDUSTRY  
BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

SCANNING FORM FOR PHOTO ID CARD



Glue or Scotch Tape  
Photo Here



Please sign on above line